

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 648308		FILING DATE 4-12-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.
1	1						61				
2							62				
3							63				
4							64				
6							65				
6							66				
7							67				
8							68				
9							69				
10							60				
11							61				
12							62				
13							63				
14	1						64				
16							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26	1						76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
36							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
46							96				
46							96				
47							97				
48							98				
49							99				
60							100				
TOTAL INO.	3						TOTAL INO.				
TOTAL DEP.	23						TOTAL DEP.				
TOTAL	26						TOTAL				